

STATEMENT OF ECONOMIC INTERESTS



COVER PAGE

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Date Received
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MAR - 1 2011

BY: kg

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Hueso Benjamin

1. Office, Agency, or Court

Agency Name

California State Assembly

Division, Board, Department, District, if applicable

District 79

Your Position

Assemblymember

► If filing for multiple positions, list below or on an attachment.

Agency: _____ Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County _____

☐ County of _____

☐ City of _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left ____/____/____
(Check one)

The period covered is ____/____/____, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date ____/____/____

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate: Election Year _____ Office sought, if different than Part 1: _____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 19

☐ Schedule A-1 - Investments - schedule attached

☒ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☒ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this is a true and complete statement of my economic interests.
I certify under penalty of perjury under the laws of the State of California that

Date Signed 2/24/11
(month, day, year)

Signature

Interests in Real Property (Including Rental Income)

700

Ben Hueso

<BLUE> is a required field

*You are not required to report loans from commercial lending institutions - made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

[illegible]

CALIFORNIA FORM		700
FAIR POLITICAL PRACTICES COMMISSION		
Name		
Ben Hueso		

* Select from drop down list

****You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:**

[illegible]

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION	
Name Ben Hueso	

[illegible]

Form 700x Comments

Schedules A-1 through E Comments

CALIFORNIA FORM

700

FAIR POLITICAL PRACTICES COMMISSION

Name

Ben Hueso

Schedule A-1 Comments

Schedule A-2 Comments

Schedule B Comments

This property is owned by wife, Laura Hueso

Schedule C Comments

Schedule D Comments

Mexican Consulate Reception - Several attempts were made to obtain value. Value is an estimate.

Schedule E Comments

2010 FEB 25 P 4: 32
REC'D S. D. CO. ROV
SAN DIEGO COUNTY
(d)(5)
By: _____
DATE ISSUED

2010 MAR 17 P 4: 38
REC'D S. D. CO. ROV
SAN DIEGO COUNTY
(d)(5)
By: _____
DATE RECEIVED

(SECRETARY OF STATE USE ONLY)

OFFICIAL FILING FORM

DECLARATION OF CANDIDACY

CALIFORNIA STATE ASSEMBLY

(Elections Code Sections 200, 8020, 8040)

I hereby declare myself a Democratic Party candidate for nomination to the
(COMPLETE ONLY IF APPLICABLE)
office of Member, California State Assembly – District No. 79 to be voted for at the
(NAME OF OFFICE INCLUDING DISTRICT/OFFICE NUMBER, IF APPLICABLE)

Primary Election to be held **JUNE 8, 2010** and declare the following to be true:

My name is (as registered to vote): Ben Hueso

I request my name and occupational designation to appear on the ballot as follows:

Candidate Name: (ALL CAPITAL LETTERS)	<u>BEN</u> FIRST NAME	<u></u> MIDDLE (IF USED)	<u>HUESO</u> LAST NAME	Candidate Initials If preferring no designation
Occupation: (Upper & Lower Case)	<u>Council President</u>			
Note: A ballot designation is optional. The above occupational designation is true and in conformance with the requirements of E.C. Sec. 13107. If no ballot designation is requested, write in "NONE" and then initial.				
Important:	I understand that a ballot designation will NOT be printed on the ballot unless this Declaration of Candidacy is accompanied by a "Ballot Designation Worksheet." (Elections Code Sec. 13107.3)			Candidate's Initials <u>BH</u>

NOTE: The contact information below, including one of the addresses, will be included on the candidate list and on the San Diego County Registrar of Voters' website. Please check the appropriate box to indicate which information should be used for this purpose.

☒ Mailing Address:

☐ Residence Address:
(Required)

☐ Business Address:

Telephone:

FAX and E-Mail:

(d)(5)

IMPORTANT: BACK SIDE OF PAGE MUST BE COMPLETED

I meet the statutory and constitutional qualifications for this office (including but not limited to citizenship, residency, and party affiliation, if required). I am at present an incumbent of the following public office (if any):

(d)(5)

If nominated/elected I will accept the nomination/office

March 17, 2010
DATE

STATE OF CALIFORNIA)
COUNTY OF SAN DIEGO) ss.

Subscribed and sworn to before me this 17 day of March, 2010

(d)(5)

Examined and certified by me this 17 day of March, 2010

(d)(5)

REGISTRAR OF VOTERS

By:

WARNING: Every person acting on behalf of a candidate is guilty of a misdemeanor who deliberately fails to file at the proper time and in the proper place any declaration of candidacy in his/her possession which is entitled to be filed under the provisions of Elections Code.

OATH OF OFFICE

I, Ben Hueso, do solemnly swear (or affirm) that I will support and defend the Constitution of the United States and the Constitution of the State of California against all enemies, foreign and domestic; that I will bear true faith and allegiance to the Constitution of the United States and the Constitution of the State of California; that I take this obligation freely, without any mental reservation or purpose of evasion; and that I will well and faithfully discharge the duties upon which I am about to enter.

(d)(5)

STATE OF CALIFORNIA)
COUNTY OF SAN DIEGO) ss.

Subscribed and sworn to before me this 17 day of MARCH, 2010

(d)(5)

Examined and certified by me this 17 day of MARCH, 2010

(d)(5)

REGISTRAR OF VOTERS

By:

THE FOLLOWING CERTIFICATE IS FOR PARTISAN CANDIDATES ONLY

Certificate as to Candidate's Political Party Affiliation

(Elections Code Section 8001)

STATE OF CALIFORNIA,
COUNTY OF SAN DIEGO ss.

I hereby certify that (1) at the time of presentation of this declaration and continuously for not less than three months immediately prior thereto, or for as long as he or she has been eligible to vote in the state, the above-named candidate as shown by his or her affidavit of registration, executed on 9/22/2003 to be affiliated with the political party the nomination of which he or she seeks, and (2) the candidate has not been registered as affiliated with any other political party for the twelve-month period immediately preceding the filing of this declaration. In the case of special elections, the disaffiliation statement covers the 3 months immediately prior to the filing of this declaration.

Dated this 25th day of February, 2010

PRIOR REGISTRATION	
Party Affiliation	Dates

REGISTRAR OF VOTERS

(d)(5)

By:

DEPUTY

ORIGINAL Public Document

Please type or print in ink.

CB

NAME (LAST)		NAME (FIRST)		NAME (MIDDLE)		DAYTIME TELEPHONE NUMBER	
Hueso		Benjamin				(d)(5)	
MAILING ADDRESS (Business Address Acceptable)		STREET		CITY		STATE	
(d)(5)						ZIP CODE	
						OPTIONAL: E-MAIL ADDRESS	

1. Office, Agency, or Court

Name of Office, Agency, or Court:

State Assembly

Division, Board, District, if applicable:

79th District

Your Position:

Candidate

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☐ Assuming Office/Initial

Date: ____/____/____

☐ Annual: The period covered is January 1, 2009, through December 31, 2009.

-or-

☐ The period covered is ____/____/____, through December 31, 2009.

☐ Leaving Office Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-or-

☐ The period covered is ____/____/____, through the date of leaving office.

☒ Candidate Election Year: 2010

4. Schedule Summary

► Total number of pages including this cover page: 2

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes – schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes – schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes – schedule attached
Real Property

Schedule C ☐ Yes – schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes – schedule attached
Income – Gifts

Schedule E ☐ Yes – schedule attached
Income – Gifts – Travel Payments

-or-

☐ No reportable interests on any schedule

RECEIVED
MAR 22 2010
By FPPC

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed March 17, 2010

Signature

SCHEDULE B
Interests in Real Property
(Including Rental Income)

Name

BENJAMIN HUESO

► STREET ADDRESS OR PRECISE LOCATION
1872 Kearney Ave. *

CITY
San Diego, CA 92113

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED / /
 DISPOSED / /

NATURE OF INTEREST
☒ Ownership/Deed of Trust ☐ Easement
☐ Leasehold Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE
☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:
 ACQUIRED / /
 DISPOSED / /

NATURE OF INTEREST
☐ Ownership/Deed of Trust ☐ Easement
☐ Leasehold Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED
☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS

BUSINESS ACTIVITY OF LENDER

INTEREST RATE % ☐ None TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS

BUSINESS ACTIVITY OF LENDER

INTEREST RATE % ☐ None TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD
☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000
☐ Guarantor, if applicable

Comments: * This property is owned by my wife Laura Hueso



RECEIVED Date Received
CLERK'S OFFICE Official Use Only

10 DEC 28 AM 8:08
SAN DIEGO, CALIF.

CITY OF SAN DIEGO

MID-YEAR
DISCLOSURE OF REPORTABLE GIFTS
[S.D.M.C. § 27.3510]

A Public Document

FILING YEAR: 2010

Check if Amended Disclosure: ☒

Please type or print in ink

NAME (Last)	(First)	(Middle)	Daytime Telephone Number
HUESO	BENJAMIN		(d)(5)
MAILING Address	Street	City	Zip
(d)(5)			Optional: FAX / E-Mail Address

1. NAME OF OFFICE HELD

- ☐ Mayor
- ☒ Councilmember
- ☐ City Attorney

2. CERTIFICATION
(Check one box)

- ☐ No Disclosure Required: I have not received any reportable gifts during the period of January 1 through June 30 of this year.
- ☒ Disclosure Required: I have received reportable gifts during the period of January 1 through June 30 of this year, and have disclosed the receipt of all such gifts in this Form EC700.

3. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and correct. (d)(5)

Date 12/03/10

(month, day, year)

Signature

All information disclosed in this form must be repeated in California Form 700 when that form is filed before April 1 of the next year, or when that form is filed as a Leaving Office Statement. Form 700 must contain the entire previous year's information, including the disclosure information contained on this form.

This information is available in alternative formats for persons with disabilities. To request this information in alternative format, call (619) 533-3476.

Form EC700 - Revised 3/22/05

RECEIVED
CLERK'S OFFICE

10 DEC 28 AM 8:08 SCHEDULE D
Income - Gifts

SAN DIEGO, CALIF.

CALIFORNIA FORM **700**
FAIR POLITICAL PRACTICES COMMISSION

Name

BENJAMIN HUESO

► NAME OF SOURCE

PACIFICA PROPERTIES

ADDRESS (Business Address Acceptable)

1785 HANCOCK ST. #100, SAN DIEGO 92110

BUSINESS ACTIVITY, IF ANY, OF SOURCE

HOUSING DEVELOPMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 22 / 10	\$ 85.00	Chula Vista Chamber
___ / ___ / ___	\$ _____	Dinner
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

SOUTH COUNTY ECONOMIC DEV. COUNCIL

ADDRESS (Business Address Acceptable)

1111 BAY BLVD., STE. E, CHULA VISTA 91911

BUSINESS ACTIVITY, IF ANY, OF SOURCE

BUSINESS DEVELOPMENT

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 30 / 10	\$ 187.50	National City Chamber
___ / ___ / ___	\$ _____	Dinner
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

AARON FELDMAN

ADDRESS (Business Address Acceptable)

4445 EASTGATE MALL, SAN DIEGO 92121

BUSINESS ACTIVITY, IF ANY, OF SOURCE

COMMERCIAL REAL ESTATE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 03 / 10	\$ 150.00	San Diego Chamber
___ / ___ / ___	\$ _____	Dinner
05 / 06 / 10	\$ 153.00	Dinner

► NAME OF SOURCE

SOUTHWESTERN COLLEGE FOUNDATION

ADDRESS (Business Address Acceptable)

900 OTAY LAKES ROAD CHULA VISTA

BUSINESS ACTIVITY, IF ANY, OF SOURCE

COLLEGE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
03 / 27 / 10	\$ 75.00	Dinner
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	
___ / ___ / ___	\$ _____	

Comments: _____

CALIFORNIA FORM 700
 FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

A Public Document

 RECEIVED
 CLERK'S OFFICE

10 DEC 28 AM 8:08

SAN DIEGO, CALIF.

Please type or print in ink.

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
HUESO	BENJAMIN		(d)(5)
MAILING ADDRESS (Business Address Acceptable)	STREET	CITY	STATE ZIP CODE
(d)(5)			OPTIONAL: E-MAIL ADDRESS

1. Office, Agency, or Court

Name of Office, Agency, or Court:

CITY OF SAN DIEGO

Division, Board, District, if applicable:

COUNCIL DISTRICT EIGHT

Your Position:

COUNCIL MEMBER

► If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: _____

Position: _____

2. Jurisdiction of Office (Check at least one box)☐ State☐ County of _____☒ City of SAN DIEGO☐ Multi-County _____☐ Other _____**3. Type of Statement (Check at least one box)**☐ Assuming Office/Initial

Date: ____/____/____

☐ Annual: The period covered is January 1, 2009, through December 31, 2009.

-OR-

☐ The period covered is ____/____/____, through December 31, 2009.

☒ Leaving Office Date Left: 12 / 03 / 10
 (Check one)

☐ The period covered is January 1, 2009, through the date of leaving office.

-OR-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate Election Year: _____
4. Schedule Summary

► Total number of pages including this cover page: 4

► Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or Greater Ownership)

Schedule B ☒ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☒ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Gifts - Travel Payments

-OR-

☐ No reportable interests on any schedule
5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

(d)(5)

Signature

SCHEDULE B **Interests in Real Property** (Including Rental Income)

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name BENJAMIN HUESO

► STREET ADDRESS OR PRECISE LOCATION

1872 Kearney Avenue *

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☒ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

/ / 09 / / 09
 ACQUIRED DISPOSED

NATURE OF INTEREST

☒ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____
 Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

► STREET ADDRESS OR PRECISE LOCATION

CITY

FAIR MARKET VALUE

- ☐ \$2,000 - \$10,000
☐ \$10,001 - \$100,000
☐ \$100,001 - \$1,000,000
☐ Over \$1,000,000

IF APPLICABLE, LIST DATE:

/ / 09 / / 09
 ACQUIRED DISPOSED

NATURE OF INTEREST

☐ Ownership/Deed of Trust ☐ Easement

☐ Leasehold _____
 Yrs. remaining Other

IF RENTAL PROPERTY, GROSS INCOME RECEIVED

- ☐ \$0 - \$499 ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

SOURCES OF RENTAL INCOME: If you own a 10% or greater interest, list the name of each tenant that is a single source of income of \$10,000 or more.

* You are not required to report loans from commercial lending institutions made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

NAME OF LENDER*

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

INTEREST RATE

_____% ☐ None

TERM (Months/Years)

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

☐ Guarantor, if applicable

Comments: * This property is owned by my wife, Laura Hueso

SCHEDULE D

Income - Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name BENJAMIN HUESO

NAME OF SOURCE		
PACIFICA PROPERTIES		
ADDRESS (Business Address Acceptable)		
1785 HANCOCK ST. #100, SAN DIEGO 92110		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
HOUSING DEVELOPMENT		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 22 / 10	\$ 85.00	Chula Vista Chamber
/ /	\$	Dinner
/ /	\$	

NAME OF SOURCE		
SOUTH COUNTY ECONOMIC DEV. COUNCIL		
ADDRESS (Business Address Acceptable)		
1111 BAY BLVD., STE. E, CHULA VISTA 91911		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
BUSINESS DEVELOPMENT		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
01 / 30 / 10	\$ 187.50	National City Chamber
/ /	\$	Dinner
/ /	\$	

NAME OF SOURCE		
AARON FELDMAN		
ADDRESS (Business Address Acceptable)		
4445 EASTGATE MALL, SAN DIEGO 92121		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
COMMERCIAL REAL ESTATE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
02 / 03 / 10	\$ 150.00	San Diego Chamber
/ /	\$	Dinner
05 / 06 / 10	\$ 153.00	Dinner

NAME OF SOURCE		
ROBERT HERTZKA		
ADDRESS (Business Address Acceptable)		
P.O.BOX 1018, RANCHO SANTA FE 92067		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
PHYSICIAN		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
07 / 22 / 10	\$ 115.00	MEDICAL SOCIETY
/ /	\$	DINNER
/ /	\$	

NAME OF SOURCE		
MEXICAN CONSULATE		
ADDRESS (Business Address Acceptable)		
1549 INDIA		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
MEXICAN GOVERNMENT OFFICE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
09 / 13 / 10	\$ 50.00+	RECEPTION
/ /	\$ *Please see comments	
/ /	\$	

NAME OF SOURCE		
TECHAMERICA		
ADDRESS (Business Address Acceptable)		
6048 CORNERSTONE CT. SAN DIEGO		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
BUSINESS DEVELOPMENT		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
11 / 15 / 10	\$ 185.80	Dinner
/ /	\$	
/ /	\$	

Comments: *This amount is a good faith estimate. Mexican Consulate
did not provide cost after several attempts.

SCHEDULE D **Income – Gifts**

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name _____

▶ NAME OF SOURCE		
<u>Southwestern College Foundation</u>		
ADDRESS (Business Address Acceptable)		
<u>900 Otay Lakes Road Chula Vista</u>		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
<u>College</u>		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>03/27/10</u>	<u>\$ 75.00</u>	<u>Dinner</u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

▶ NAME OF SOURCE		
ADDRESS (Business Address Acceptable)		
BUSINESS ACTIVITY, IF ANY, OF SOURCE		
DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>
<u> / / </u>	<u>\$</u>	<u> </u>

Comments: _____

CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

STATEMENT OF ECONOMIC INTERESTS

COVER PAGE

Date Received
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 CITY CLERK'S OFFICE
 11 FEB -4 PM 1:3
 SAN DIEGO, CALIF.

TP

Please type or print in ink.

2011 FEB 14 AM 8:22 Public Document

NAME OF FILER

(LAST)

(FIRST)

(MIDDLE)

Hueso

Benjamin

1. Office, Agency, or Court

Agency Name

City Council

Division, Board, Department, District, if applicable

Your Position

District Eight

Councilmember

► If filing for multiple positions, list below or on an attachment.

Agency: See attachment

Position:

2. Jurisdiction of Office (Check at least one box)

☐ State☐ Judge (Statewide Jurisdiction)☐ Multi-County☒ County of San Diego☒ City of San Diego☐ Other

3. Type of Statement (Check at least one box)

☐ Annual: The period covered is January 1, 2010, through December 31, 2010.☒ Leaving Office: Date Left 12 / 3 / 10
(Check one)-or-
The period covered is ____ / ____ / ____, through December 31, 2010.☐ The period covered is January 1, 2010, through the date of leaving office.☐ Assuming Office: Date ____ / ____ / ____☐ The period covered is ____ / ____ / ____, through the date of leaving office.☐ Candidate: Election Year ____

Office sought, if different than Part 1: ____

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 3

☐ Schedule A-1 - Investments - schedule attached☒ Schedule C - Income, Loans, & Business Positions - schedule attached☐ Schedule A-2 - Investments - schedule attached☐ Schedule D - Income - Gifts - schedule attached☐ Schedule B - Real Property - schedule attached☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS

STREET

CITY

STATE

ZIP CODE

(d)(5)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed

2-1-11

(month, day, year)

Signature

(d)(5)

FPPC Form 700 (2010/2011)

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

SCHEDULE C

Income, Loans, & Business Positions

(Other than Gifts and Travel Payments)

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION

AMENDMENT

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

Antonio and Alfredo Hueso

ADDRESS (Business Address Acceptable)

2654 Imperial Avenue San Diego CA 92101

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☒ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☒ Sale of 2008 Sale of Real Estate Properties

(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

Comments:

► 1. INCOME RECEIVED

NAME OF SOURCE OF INCOME

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

YOUR BUSINESS POSITION

GROSS INCOME RECEIVED

- ☐ \$500 - \$1,000 ☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000 ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED

☐ Salary ☐ Spouse's or registered domestic partner's income

☐ Loan repayment ☐ Partnership

☐ Sale of _____

(Property, car, boat, etc.)

☐ Commission or ☐ Rental Income, list each source of \$10,000 or more

☐ Other _____
(Describe)

► 2. LOAN RECEIVED

You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF LENDER

HIGHEST BALANCE DURING REPORTING PERIOD

- ☐ \$500 - \$1,000
☐ \$1,001 - \$10,000
☐ \$10,001 - \$100,000
☐ OVER \$100,000

INTEREST RATE

TERM (Months/Years)

_____ % ☐ None

SECURITY FOR LOAN

☐ None ☐ Personal residence

☐ Real Property _____
Street address

City

☐ Guarantor _____

☐ Other _____
(Describe)

Verification

Print Name Benjamin Hueso

Office, Agency or Court San Diego (City and County)

Statement Type ☐ 2010/2011 Annual ☐ _____ Annual ☐ Assuming ☒ Leaving ☐ Candidate

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that (d)(5)

Date Signed 2/01/2011
(month, day, year)

Signature

FPPC Form 700 Amendment (2010/2011) Sch. C
FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov

Attachment

Amendment, 700 Form, 1/1/10 to 12/31/10 Leaving Office Statement

Benjamin Hueso

February 1, 2011

Agency:

San Diego Association of Governments

San Diego Association of Governments

San Diego Association of Governments

Position:Board Member,
Board of DirectorsBoard Member,
Borders CommitteeAlternate Board Member,
Executive Committee



THE CITY OF SAN DIEGO

February 10, 2011

Fair Political Practices Commission
Technical Assistance and Analysis Division
428 "J" Street, Suite 620
Sacramento, CA 95814

2011 FEB 14 AM 8:22

RECEIVED
FAIR POLITICAL
PRACTICES COMMISSION

Dear Commissioners:

In accordance with reporting requirements for Statements of Economic Interests under disclosure provisions of the Political Reform Act of 1974 (Gov. Code Sec. 81000 et seq.) and filing regulations of the FPPC, we are transmitting two original amendments which were filed in the City Clerk's office for Benjamin Hueso, former Councilmember for District 8.

Our office has retained a copy of the statement for our files in accordance with Commission regulations.

Sincerely,

(d)(5)

Elizabeth Maland
City Clerk

Enclosures (2)



K:\ELECTION\LettersSent_11\2-10-11_BHueso_Amnd_FPPC.DOC

Office of the City Clerk

202 C Street, MS 2A • San Diego, California 92101
Tel (619) 533-4000 Fax (619) 533-4045